

EXHIBIT 43

Participant must provide all of the information below **in English**:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:

Myrna Velazquez Munoz

Participant's Address:

P.O. Box 203 Isabela, P.R. 00662

Participant's Email Address:

Name of Counsel:

Address of Counsel:

Email Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

149554

Nature of Claim:

The Commonwealth of P.R. owes me money from a salary increase that occurred in 1984

By:

Signature

Myrna Velazquez Munoz

Print Name

Title (if Participant is not an individual)

20-8-2021

Date

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AUG 25 2021

PRIME CLERK LLC

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Myrna Velazquez Munoz
P.O. Box 203
Isabela, P.R. 00662

SAN JUAN PR 009

20 AUG 2021 PM 1 L



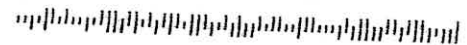
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PRIME CLERK

Prime Clerk LLC
Grand Central Station
P.O. Box 4708
New York, NY 10163-4708

10163-470808



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1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Myrna Velazquez Munoz
Participant's Address: P.O. Box 203 Isabela, P.R. 00642
Participant's Email Address: _____
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 149554
Nature of Claim: The Commonwealth of P.R. owes me money from salary increase that occurred in 1984
By: Myrna Velazquez Munoz
Signature
Myrna Velazquez Munoz
Print Name

Title (if Participant is not an individual)

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Myrna Velazquez Munoz
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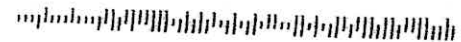
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Participant's Email Address: _____
Name of Counsel: _____
Address of Counsel: _____
Email Address of Counsel: _____

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 149554
Nature of Claim: The Commonwealth of P.R. owes me money
for a salary increase that occurred in 1984
By: Myrna Velázquez Muñoz
Signature
Myrna Velázquez Muñoz
Print Name

Title (if Participant is not an individual)

20-8-2021
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Myrna Velazquez Munoz
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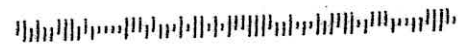
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AUG 23 2021

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PRIME CLERK

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Myrna Velázquez Muñoz

Participant's Address: P.O. Box 203 Isabela, P.R. 00662

Participant's Email Address: —

Name of Counsel: —

Address of Counsel: —

Email Address of Counsel: —

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Claim Number: 149554

Nature of Claim: The Commonwealth of P.R. owes me money of a salary increase that occurred in 1984.

By: Myrna Velázquez Muñoz
Signature

Myrna Velázquez Muñoz
Print Name

Title (if Participant is not an individual)

13 de agosto 2021
Date

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Myrna Velázquez Muñoz
P.O. Box 203
Isla de P.R. 00662

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Prime Clerk LLC
Gran Central Station
P.O. Box 4850
New York, N.Y. 10163-4850

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